

# Provider Gold Star Rating and Monitoring

## An Overview of North Carolina's Standardized Managed Care Provider Monitoring

# Background and Purpose

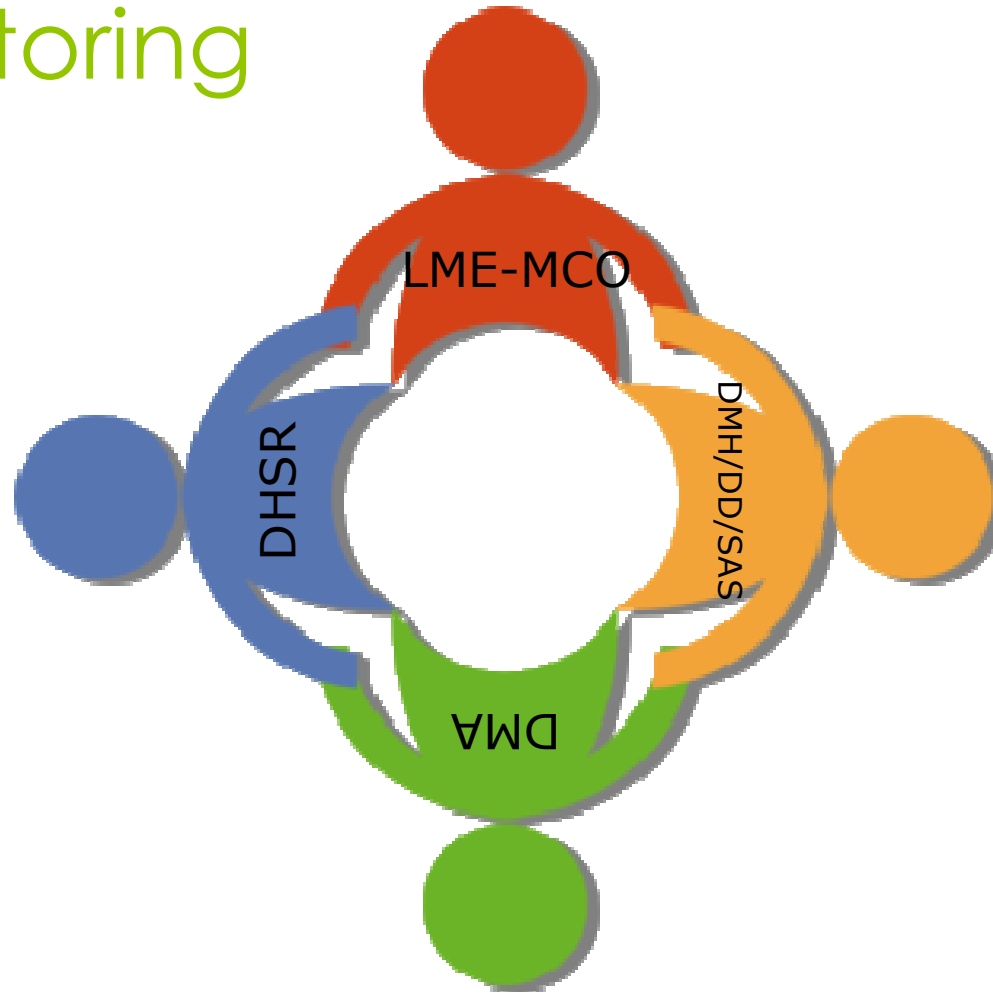
- Transition in NC's MH/DD/SA system
  - Transition from LMEs to LME-MCOs
  - Transition from fee-for-service to capitated system
  - Transition leads to assumption of more risk by the LME-MCO, with an outcome of higher quality and cost effective services
    - New tools will be utilized to manage a strong provider network

# Background and Purpose

- Increased need for standardization
- Reduce duplication and increase coordination
  - For Providers
  - For LME-MCOs
  - For Consumers
  - For Other Stakeholders
- LME-MCOs switching from FEM and PMT to Gold Star system.
- LME-MCOs, DHSR, DMA, and DMH/DD/SAS work together and share findings.



# Partnership in Provider Monitoring





## DMA & DMH/DD/SAS Roles

- Implement federal and state regulations regarding service oversight.
- DMA and DMH/DD/SAS transfer that role to the LME-MCOs pursuant to 42 CFR 455.450-452 (Screening Methods), 10A NCAC 27G .0600, and Block Grant Regulations.
- To implement consistently across state, DHHS sets requirements in the Contracts with the LME-MCOs.
- DHHS ensures compliance through look behinds, and quarterly and annual reporting to intradepartmental monitoring teams.

## DHSR Role

- Conducts initial review of all licensee applicants to determine if the facility is in compliance with rules and statutes, including:
  - Client rights
  - Confidentiality
  - Core rules and specific licensure rules in 10A NCAC 27G
  - Other statutes: criminal background check, smoking, etc.
- Conducts annual surveys of all residential facilities.
- Conducts complaint and follow up surveys
- Levies penalties and sanctions for non-compliance up to revocation.

## LME-MCO Role

- Monitors contracts with providers, including requirements in 10A NCAC 27G .0600 monitoring rules.
- Provides limited monitoring of non-contracted facilities
- Provides technical assistance to providers
- Provides care coordination to consumers—they have the ability to move a consumer if the facility is not meeting their needs. DHSR can sanction the facility, but has no authority to move individuals.



## Comparison of LME-MCO & DHSR Monitoring

- DMA, DHSR, DMH/DD/SAS & PBH reviewed the PBH Monitoring tools:
  - Routine
  - Preferred
  - Exceptional
  - Gold Star
  - Non-Contract
- Compared PBH Monitoring tools to DHSR monitoring

## Comparison: LME-MCO Routine Monitoring in Gold Star Process

- The Routine Monitoring items in the Gold Star process include a review of NC administrative rules, including:
  - client rights
  - confidentiality
  - relevant rules in 10A NCAC 27G.

## Comparison of LME-MCO & DHSR Monitoring

- Preferred, Exceptional, and Gold Star monitoring are done at the request of the facility and are based on the facility instituting changes that are above and beyond licensure rules.
- Therefore, it was agreed that no changes needed to be made to these tools.
- The Non-Contract monitoring tool is a simple tool which will remain in place at this time.



# Reducing Duplication

- We found that DHSR initial and annual surveys cover all items in the Routine Monitoring checklist.
- LME-MCO will accept DHSR's survey and findings in place of the Routine Monitoring review if there has been an initial or annual survey within the past year.
- If there has not been an annual survey or initial survey within the past year, the LME-MCO may use the routine provider monitoring tool.
- URAC (Utilization Review Accreditation Commission) and NCQA (National Committee for Quality Assurance) are in agreement with LME-MCOs accepting DHSR survey findings.

# Accrediting Bodies

URAC's standards for network credentialing and management (N-CR10, N-CR16(c) and NM-17) require:

- The LME-MCO shall develop and implement policies and procedures to assure that they will take immediate action to investigate matters that pose a threat to consumer safety or that jeopardize the quality of services provided to consumers including, but not limited to, suspending the status of a participating provider or imposing other appropriate sanctions.

## DHSR and LME-MCO Process: DHSR Tasks

- DHSR surveyors will ask facility who they contract with upon exit to make sure each LME-MCO receives the information electronically. Will include local LME-MCO.
- DHSR will copy LME-MCO director and one other identified person on Statements of Deficiency and Administrative Action letters of facilities they contract with and facilities that are located in their catchment area.



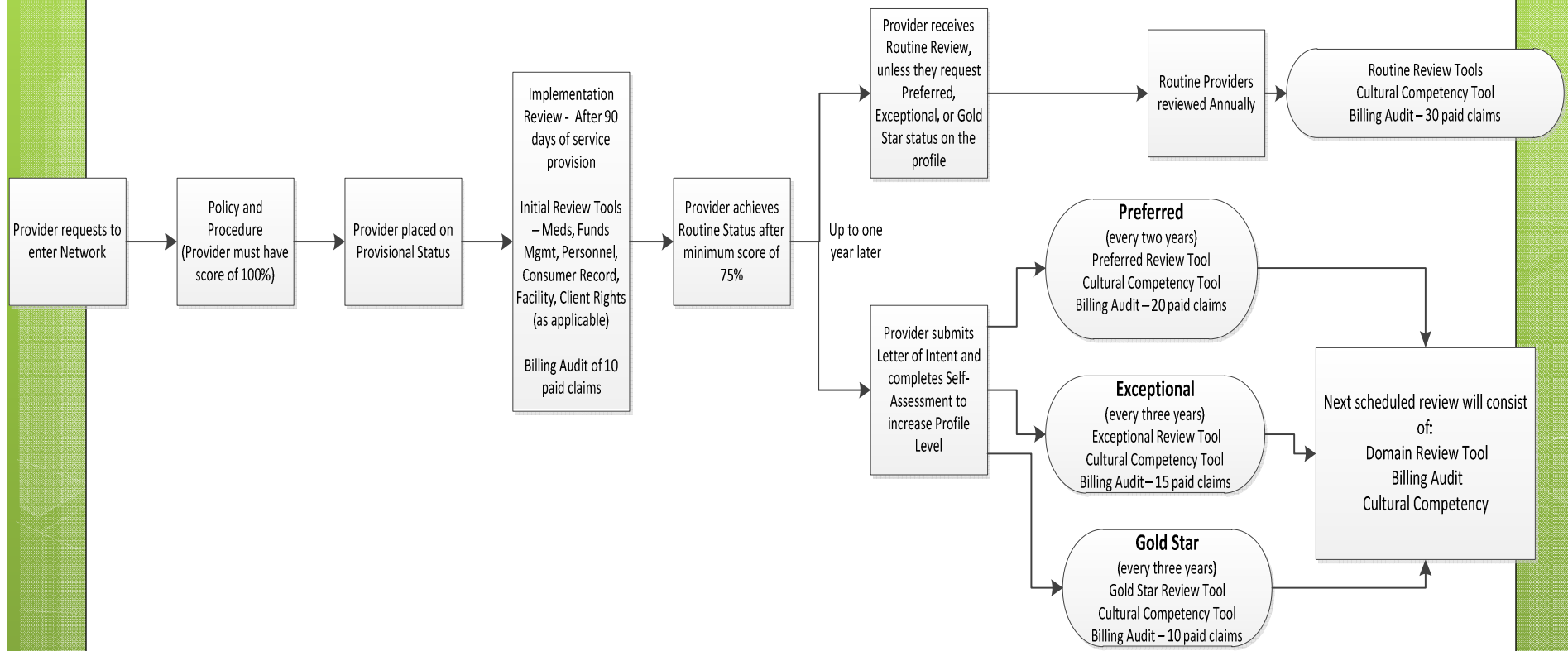
## DHSR and LME-MCO Process: LME-MCO Tasks

- LME-MCO contacts will share information with relevant individuals/teams in their agency.
- LME-MCO will send (electronically) DHSR results of routine reviews.
- Sharing of information will enhance ability of each agency to be consistent with interpretation of rule, and to identify patterns and trends so we can work together to problem solve.



# Gold Star Rating Model Overview

# Gold Star Monitoring Process Flow Chart





# POLICY/PROCEDURE REVIEW PROCESS

- New Provider Policy/Procedure Review
- Additional Services Policy/Procedure

# Policy/Procedure Review

- Full Policy and Procedure Review
- Additional Services Policy and Procedure Review

- <http://www.ncdhhs.gov/mhddsas/providers/providermonitoring/index.htm>

or

- <http://www.ncdhhs.gov/dma/lme/mhwaiver.htm>

# SCHEDULING OF REVIEWS

- 4-6 weeks prior to review
- Confirmation of main contact and location
- Electronic Records
- AFL/Unlicensed AFL sites

# Gold Star Provider Performance Profile Grid

Profile Level	Duration of service provision:	Achieve a review score of:	Frequency of review:
Routine	6 months	75%-100%	Annually
Preferred	1 year	80%-100%	Every two years
Exceptional	2 years	90%-100%	Every three years
Gold Star	3 years	95%-100%	Every three years



# Performance Profile Grid

- See handout

or

- <http://www.ncdhhs.gov/mhddsas/providers/providermonitoring/index.htm>

or

- <http://www.ncdhhs.gov/dma/lme/mhwaiver.htm>

# IMPLEMENTATION REVIEW

- Funds Review
- Medication Review
- Personnel Review
- Record Review
- Rights Notification Review
- Billing Audit

# IMPLEMENTATION REVIEW

- <http://www.ncdhhs.gov/mhddsas/providers/providermonitoring/index.htm>

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# PROVIDER PERFORMANCE PROFILE BILLING AUDITS

- Routine - 30 paid claims
- Preferred - 20 paid claims
- Exceptional - 15 paid claims
- Gold Star - 10 paid claims

Sample of paid claims includes at least one date of service for every service type provided (by service code).



# ROUTINE REVIEW

- Report and Safety Review
- Funds Review
- Medications Review
- Personnel Review
- Record Review
- Rights Notification Review
- Billing Audit

# ROUTINE REVIEW

- <http://www.ncdhhs.gov/mhddsas/providers/providermonitoring/index.htm>

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- <http://www.ncdhhs.gov/dma/lme/mhwaiver.htm>

# PREFERRED, EXCEPTIONAL, AND GOLD STAR REVIEW

- Self-Monitoring quality management systems
- Person-centered planning
- Personnel
- Agency functions

# Performance Profile Review

- <http://www.ncdhhs.gov/mhddsas/providers/providermonitoring/index.htm>

or

- <http://www.ncdhhs.gov/dma/lme/mhwaiver.htm>



# Advanced Placement on Profile

- Letter of Intent:  
Routine/Preferred/Exceptional/Gold Star
- Provider self-assessment is completed and submitted with letter of Intent
- QM verifies through a desk and onsite review that the Provider has met all requirements for level requested

# DOMAIN REVIEW

- Incident Reporting and Monitoring
- Status/Compliance with Regulatory Entities
- Provider Grievance Responsiveness
- Quality Performance Activities
- Billing Audit

# DOMAIN REVIEW

- <http://www.ncdhhs.gov/mhddsas/providers/providermonitoring/index.htm>

or

- <http://www.ncdhhs.gov/dma/lme/mhwaiver.htm>

# Unlicensed Alternative Family Living (AFL)

- Home environment
- Personnel
- Staff training
- Medication storage
- Fire inspection- monitor for compliance
- Sanitation/health inspection (as required)



# Unlicensed AFL Review

- <http://www.ncdhhs.gov/mhddsas/providers/providermonitoring/index.htm>

or

- <http://www.ncdhhs.gov/dma/lme/mhwaiver.htm>

# Licensed Independent Practitioner (LIP) Profile Review Process

# MONITORING PROCESS OVERVIEW

- Initial Review
  - On-site assessment
- Preliminary Status/Implementation Review:
  - Served LME-MCO consumer for 90days
  - Implementation review score of 85%
  - Reviewed annually

# MONITORING PROCESS OVERVIEW

- Advancement to Preferred Status
  - Eligible after successful completion of 90 day Preliminary review with a minimum score of 85%
  - Reviewed every 3 years
  - Maintain review scores between 85% to 100%
  - Returned to Preliminary status for one year until next review if 85% is not met

\*Review scores below 75% are evaluated by the Credentialing Committee\*



# LIP PROFILE GRID

<b>Status</b>	<b>Duration of Service Provision:</b>	<b>Achieve a review score of:</b>	<b>Frequency of review:</b>
<b>Preliminary</b>	<b>90 days or less</b>	<b>below 85%</b>	<b>Annually</b>
<b>Preferred</b>	<b>90 days or more</b>	<b>85% - 100%</b>	<b>Every three years</b>

# INITIAL REVIEW

- Initial on-site review tool
- Initial on-site review guide
- Initial tool is used when: entering network, change of address, adding an additional site
- Review forms can be found online:

- <http://www.ncdhhs.gov/mhddsas/providers/providermonitoring/index.htm>

or

- <http://www.ncdhhs.gov/dma/lme/mhwaiver.htm>

# ELEMENTS OF ON-SITE REVIEW

- State Standards
- NCQA & URAC
- HIPPA/Confidentiality
- NCQA & LME-MCO
- State Standards/Client Rights
  - Consent for treatment
  - Authorization to release information
  - Notifications of consumer rights
  - Notification of grievance process
  - Consumer treatment plan
  - Progress/treatment notes

## ELEMENTS OF ON-SITE REVIEW-CONTINUED

- Compliance with Record Standards
- Confidentiality of Treatment Records
- Documentation Standards
  - Presenting Problem
  - Mental status exam
  - Psychiatric history
  - Special Status situations/Suicide Risk
  - Medical History
  - Developmental/Education history for Minor
  - Medications
  - Allergies
  - Preventive services/risk screening
  - Documentation of clinical findings and evaluation of each visit



# ADDITIONAL SITES/CHANGE OF ADDRESS

Steps to adding an additional site or moving sites:

- Contact LME-MCO Provider Relations/Network Management
- QM Department completes on-site review tool

\*Network and QM should be contacted before services are provided to a consumer at any new site/location\*

# SCHEDULING OF PROFILE REVIEWS

- 4-6 weeks prior to review
- Confirmation of main contact and location
- Electronic Records
- Review of scheduling form

# PRELIMINARY/PREFERRED STATUS REVIEW

- LIP Review Tool
  - LIP Review Guide
  - Same tool used for both Preliminary and Preferred
  - Review forms can be found online:
    - <http://www.ncdhhs.gov/mhddsas/providers/providermonitoring/index.htm>
- or
- <http://www.ncdhhs.gov/dma/lme/mhwaiver.htm>

# REVIEW TOOL ELEMENTS

- Consent for treatment
- Authorization to release/disclose form
- Record Storage/Confidentiality
- Grievance Process/system
- Service Plan
- Consumer Satisfaction Survey
- Cultural Competency Plan



# Grievances

- CFR 438.400 definition of Grievance – (an expression of dissatisfaction about any matter other than an action on a request for services).
- Initial Grievance managed by LME-MCO
- LME-MCO is required to have 90 day resolution of grievance
- LME-MCO is at risk
- LME-MCO – Client Safety – priority
- DHSR – Facility / Agency violation of NC Statute / Rules - priority
- Working together in partnership

# Items to be Covered at Later Trainings

- Non-contract providers
- Sanctions grid
- Billing audit
- Monitoring of providers contracting with multiple LME-MCOs (.0600)

# Lessons Learned

- Be prepared to provide a lot of technical assistance.
- Implementation review will typically occur 12-18 months out from initial receipt of policy/procedure.
- Providers will seek to pursue higher level on the profile without having quality systems in place.
- Some providers choose to remain at routine status on the profile.
- Incentives are important to providers on the profile.
- LIP's should be eased into the monitoring process.
- Supervision contracts- issues identified the first year that required paybacks.





# Questions

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